

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7330

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Liberty</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles West of BERTIE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>City Jail, BERTIE</u>				d. STREET ADDRESS (If rural, give location) <u>4 miles West of BERTIE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u>		b. (Middle) <u>E</u>		c. (Last) <u>BURNER</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>7</u> (Year) <u>50</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN-29-1910</u>	
9. AGE (In years last birthday) <u>40</u>		10. MONTHS <u>0</u>		11. DAYS <u>9</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HARTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>GLAYVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS BURNER</u>		13b. MOTHER'S MAIDEN NAME <u>FATTIE CLAPLAD</u>		14. NAME OF HUSBAND OR WIFE <u>OLISY ELLA BURNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OLISY ELLA BURNER - BERTIE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>strangulation by hanging.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				E974X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Jail</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bernie Stoddard MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb. 2, 1950 P. 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By means of his own hands.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clay W. Rainey</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>2-8-50</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>2-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BERTIE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BERTIE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-27-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DRUM FUNERAL HOME</u>		ADDRESS <u>OK, Jenkins</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 24 1950

MAR 6 1950
RECEIVED
District Health Office No. _____
District File Number 350-17
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4086

P. O. Address Malden

● Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.